

Driving in Cars with Viral Transport Medium

Maureen D. Goss, MPH

It's an early morning in late 2020, and the quiet is thick inside the car. The roads are icy and lonely; the occasional whoosh of a passing car on the two-lane highway keeps me awake. The sun has just become visible, and light trickles slowly over barren fields. There are usually a million things to do the week before Christmas, but this year the list is shorter, the days feel longer, the exhaustion a little deeper—arthralgia, not myalgia.

I'm driving out past the suburbs of Oregon, Wisconsin, to collect Ziploc bags filled with nasal specimens languidly floating in viral transport medium from families with sick children. This was how I began working in respiratory disease research 5 years ago; now I'm usually behind a desk, thinking more about methodology and less about why I missed my turn for the third time. When it gets busy and there are enough people on vacation, I get to go back.

The frost creeps back toward the edges of my windshield like a reverse freeze as my car warms. Fingers stiff with cold, I flex them on the steering wheel and am reminded of an evening a few years ago driving down the same road, when I watched the sun move in the opposite

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direction on the way to a stranger's house.

It was an evening—I won't perseverate on the date, but it was cold. The sun had almost completed its descent, casting long, gnarled shadows on the road before me. The trees were empty, their naked limbs twisting ever so

2 weeks—sometimes never setting eyes on a single household member.

When the temperature drops, these pickups feel like a race against the bone-chilling air. I hop out of my car, sprint up to the front door, swipe the bag of specimens from the stoop and

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slightly in the wind. It was early in the study, and I was finally feeling comfortable traipsing into unfamiliar houses—acting like I belonged there, at least briefly.

It was a bizarre and intimate thing, being invited into someone's home to ask questions and carefully stick a flocked swab up a child's nose and another down their throat. I knew what kind of tea this mom drank, where this father traveled for work every month, which show this kid had been glued to 3 years ago and exactly when they grew out of it. After COVID hit the Midwest though, things changed overnight. Instead of sitting across from a child and squinting as they cough-sneezed directly into our eyes, we left a bag of collection kits and consents on their doorstep. We would return 3 times to pick up their specimens and forms over the next

book it back, sliding into the driver's seat as a puff of breath engulfs my vision for a moment. What used to take an hour, condensed to 12 seconds and a single exhale.

Sometimes I miss the moments when I could briefly step into these families' lives: I watched a kid pull his rotund cat around on a blanket singing "I can show you the world" from *Aladdin*; another lined up 13 stuffed animals and recited their names and favorite foods, punctuating each with a rattling cough. One child gagged when I swabbed his throat, then sprinted to the bathroom to puke in the shower. *Not the toilet?* I'd thought at the time.

Although our study looks very different, it is, shockingly, mostly the same. Our roles have changed, but the data continue to flow in uniform lines, collected by the participants instead of us, swabs performed by parents instead

of researchers. What would have seemed an unthinkable jump was actually just a step, abridged by necessity and a global emergency. Our relationships with families have changed, the connections less personal, but once you've been invited in, there is a lasting warmth that spans even the reaches of pandemic distance. We are no longer strangers, and in this chapter of the world, it is a comforting thought.

COVID-19 has been given nicknames, claimed millions of lives, and sandwiched public health directives firmly between embattled political parties. The pandemic has been described as a collective experience, a global

phenomenon, and yet we all have survived the last several years in vastly different ways.

The one constant I always come back to is adaptability: of people, of protocols, of communities. Our research team has shrunk and expanded over the years, undulating like a jellyfish. Students have moved on, some stay; new people join and realize what a miracle it is to leave your house and find another family waiting for you at work, inducted by time and exigent circumstances. Some of us have been here since the beginning, others are a couple years in; but it feels like whatever state we're in, we've always been this way. Accepting and

letting go, absorbing both the changes and the enduring, repetitive nature of research together.

I secure the specimens and watch the pink liquid surge around the swabs, then settle. As I start my car, the engine makes a noise as if unsure it's worth continuing. I think about the temperature specimens are archived at -70°C . Much colder than today, but right now it doesn't feel that way. If my car does decide to give up, I know the specimens will be okay. And I can always go back and knock on the door.

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Experience as IMGs Applying for US Clinical Experience

Rabbia Irfan, MD; Shamayel Safdar, MD

Who leaves behind all they have ever known and ever had for the love of a profession and for the love of a land that promises the freedom to be their best self? An International Medical Graduate or "IMG."

Being new to the US health care system, it is almost mandatory for IMGs to have some sort of US clinical experience before applying for what is euphemistically termed the "Match," a residency affiliation with a hospital/school institution.

Applying for a match in the United States is a stressful process. Visas, financial burdens, and incompatibility with the home institution's curriculum all present impediments that must be confronted and overcome. Adding to these is the limited number of schools offering international students visiting electives. Indeed, just before the COVID-19 pandemic, only 21 medical schools offered spots for IMGs from institutions without affiliation agreements.

In a good year, the match rate is unlikely

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to exceed 70%, although the pandemic saw a significant reduction to little more than 57%—probably due to the difficulty of obtaining US clinical experience, the economic impact of the pandemic, and the increased competition for residency spots.

As mentioned already, US clinical experience is a crucial component of the matching process. Being a requirement for many residency programs, it allows IMGs to gain exposure to the US health care system and to network with potential mentors. However, with travel restrictions and other pandemic-related challenges, it has been challenging for IMGs to obtain US clinical experience in recent times. For example, the economic upset, lack of visa appointments, and hospitals and clinics being overwhelmed by dealing with the pandemic were among the many hurdles to overcome. Meanwhile, even as IMGs have had to pay for their own US clinical experience, the pandemic made it more difficult to find the required funding and get an appointment for a visa interview. Even when visa offices opened up, the wait times remained hopelessly long.

As IMGs, we continued searching online to find any opportunity, but none was in sight for a long time. For those of us in our final years of medical school during the first 2 years of the pandemic, we lost our chances of getting

an elective—considered the best form of US clinical experience. Many hospitals and clinics closed their doors to visitors, and those that were open were operating at reduced capacity. As a result, we could not find any observerships for several months. We finally applied to a few places when the world started opening up. At first, mostly clinics were available, not hospitals, and those accepting applications for observerships had a long wait time.

We want to share our story to help other IMGs who are struggling to find US clinical experience during these difficult times. We emailed many doctors as well as hospital and university administrators. The response was overwhelmingly negative, and as days passed, while searching web pages and social media groups for opportunities without any promising response, a cloud of hopelessness began to overshadow our dreams. However, our passion for this noble profession was fierce enough to illuminate those dark days and help us through this challenging time, aided in part by a focus on other meaningful activities like telerotation and research projects to continue moving toward of our shared dream.

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